

## BROOKHAVEN SCIENCE ASSOCIATES DENTAL PLAN

Plan	CIGNA DMO Dental Plan	CIGNA PPO Dental Plan		Dental Assistance Plan (Eastern Benefit Systems)
		In-Network	Out-Of-Network	
<b>Provider</b>	Participating Provider	Participating Provider	Any Provider	Any Provider
<b>Claim Process</b>	Pay dentist scheduled fee	Dentist will bill you	Must submit claim forms	Must submit claim forms
<b>Annual Deductible per: Individual/Family</b> (For basic & major restorative dental services. Does not apply to preventive services.)	N/A	\$25/\$75 (in and out-of-network combined)		\$25/\$75
<b>Calendar Year Maximum Benefit per Person</b> (For all services other than orthodontia.)	N/A	\$1000 (in and out-of-network combined)		\$1000
<b>Orthodontic Lifetime Maximum Benefit per Person</b>	N/A	\$1000 (in and out-of-network combined)		\$1000
<b>Dependent Children Age Limit</b>	To age 19. End of year age 23 if full-time student.	To age 19. End of year age 23 if full-time student.		To age 19. End of year age 23 if full-time student.
Coverage	CIGNA DMO Dental Plan	CIGNA PPO Dental Plan		Dental Assistance Plan (Eastern Benefit Systems)
		In-Network	Out-Of-Network	
Reimbursement Based On	Fee Schedule	Reduced Contracted Fees	Reasonable & Customary Fees	Reimbursement Schedule
<b>Class 1</b> (Preventive & Diagnostic)	Approximately 100%	80%	70%	Approximately 55%
<b>Class 2</b> (Basic Restorative Care)	Approximately 75%	60%	45%	Approximately 37%
<b>Class 3</b> (Major Restorative Care)	Approximately 58%	50%	35%	Approximately 30%
<b>Class 4</b> (Orthodontia)	Approximately 44%	50%	50%	Approximately 50%

This is only a brief summary of the plans, additional information is available in your Employee Guide and through the Benefits Office (x5126 or x2877). These are the current plan provisions and are subject to change.

**1-1-2006**